

75
FEC
FORM 3X

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 JUL 17 A 8:46

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Keane Inc PAC

ADDRESS (number and street)

100 City Square



Check if different
than previously
reported. (ACC)

Boston

MA

02129

3714

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00387530

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)

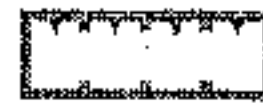


Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John J. Leahy

Signature of Treasurer

John J. Leahy

Date

07

14

2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Keane Inc PAC

Report Covering the Period:

From:

04 / 01 / 2006

To:

06 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2006	2893078
(b) Cash on Hand at Beginning of Reporting Period.....	3310886	
(c) Total Receipts (from Line 19)	230600	660000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3541486	3553078
7. Total Disbursements (from Line 31)	112563	124155
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3428923	3428923
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Keane Inc PAC

Report Covering the Period:

From:

04 / 01 / 2006

To:

06 / 30 / 2006

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A).....
- (ii) Unitemized.....
- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1 6 8 6 0 0

6 2 0 0 0

2 3 0 6 0 0

4 5 1 9 0 0

2 0 8 1 0 0

6 6 0 0 0 0

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0

0

2 3 0 6 0 0

0

0

6 6 0 0 0 0

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

0

0

- (b) Levin Funds (from Schedule H5).....

0

0

- (c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2 3 0 6 0 0

6 6 0 0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2 3 0 6 0 0

6 6 0 0 0 0

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	1 2 5 6 3	2 4 1 5 5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 2 5 6 3	2 4 1 5 5
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	1 0 0 0 0 0	1 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1 2 5 6 3	2 4 1 5 5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1 1 2 5 6 3	1 2 4 1 5 5

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2 3 0 6 0 0	6 6 0 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2 3 0 6 0 0	6 6 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 2 5 6 3	2 4 1 5 5
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 2 5 6 3	2 4 1 5 5

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 3	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Keane, Inc PAC

A. Full Name (Last, First, Middle Initial)
Snyder, Martha S.

Mailing Address

7469 Flamewood Drive

City

Clarkville

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer Keane Federal
Systems, Inc.

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1 0 0 1 0 0

Date of Receipt

0 6 / 3 0 / 2 0 0 6

Amount of Each Receipt this Period

4 6 2 0 0

B. Full Name (Last, First, Middle Initial)
Raasch, Robert L.

Mailing Address

7027 Haycock Road #E

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing
federal political committee.

C

Name of Employer Keane Federal
Systems, Inc.

Occupation

Former Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

6 0 0 0 0

Date of Receipt

0 6 / 3 0 / 2 0 0 6

Amount of Each Receipt this Period

0

C. Full Name (Last, First, Middle Initial)
Shrivastava, Sumeet

Mailing Address

3528 Armfield Farm Drive

City

Chantilly

State

VA

Zip Code

20151

FEC ID number of contributing
federal political committee.

C

Name of Employer Keane Federal
Systems, Inc.

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

6 5 0 0 0

Date of Receipt

0 6 / 3 0 / 2 0 0 6

Amount of Each Receipt this Period

3 0 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶

7 6 2 0 0

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 3

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keane Inc PAC

Full Name (Last, First, Middle Initial)

A. Keane, Brian T.

Mailing Address

37 Juniper Road

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Keane, Inc.

Occupation

Former Executive Officer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 7 2 8 0 0

Date of Receipt

0 5 / 0 9 / 2 0 0 6

Amount of Each Receipt this Period

3 8 4 0 0

Full Name (Last, First, Middle Initial)

B. Thomas, Shashrina

Mailing Address

1906 Tremont Street SE

City

Washington

State

DC

Zip Code

20020

FEC ID number of contributing
federal political committee.

C

Name of Employer Keane Federal
Systems, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 2 5 0 0

Date of Receipt

0 6 / 3 0 / 2 0 0 6

Amount of Each Receipt this Period

1 5 0 0 0

Full Name (Last, First, Middle Initial)

C. Atwell, Robert B.

Mailing Address

9 Middleborough Court

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Keane, Inc.

Occupation

Senior Manager

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 6 0 0 0

Date of Receipt

0 6 / 3 0 / 2 0 0 6

Amount of Each Receipt this Period

1 2 0 0 0

SUBTOTAL of Receipts This Page (optional) ▶

6 5 4 0 0

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 3

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (in full)

Keane Inc PAC

Full Name (Last, First, Middle Initial)

A. Laffin, Daniel R.

Mailing Address
19 Tracy's

City
Marshfield

State
MA

Zip Code
02050

Date of Receipt

06 / 30 / 2006

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

15000

Name of Employer

Keane, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

B. Crow, Martha M.

Mailing Address
11 Lettery Circle

City
Sudbury

State
MA

Zip Code
01776

Date of Receipt

06 / 30 / 2006

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

12000

Name of Employer

Keane, Inc.

Occupation

Senior Manager

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

27000

TOTAL This Period (last page this line number only).....▶

168600

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Keane Inc PAC

Full Name (Last, First, Middle Initial)

A. Mike DeWine for U.S. Senate

Mailing Address
P.O. Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement
Political Contribution

Candidate Name
Mike DeWine (C00364497)

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: Ohio District:

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1 0 0 0 0 0

0 1 1
Category/
Type

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

1 0 0 0 0 0

1 0 0 0 0 0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Keane Inc PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address
100 Federal Street

City Boston State MA Zip Code 02110

Purpose of Disbursement
Monthly Banking Charges

Candidate Name

N/A

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

5541

B. Bank of America

Mailing Address
100 Federal Street

City Boston State MA Zip Code 02110

Purpose of Disbursement
Monthly Banking Charges

Candidate Name

N/A

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

3568

C. Bank of America

Mailing Address
100 Federal Street

City Boston State MA Zip Code 02110

Purpose of Disbursement
Monthly Banking Charges

Candidate Name

N/A

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

3454

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

12563

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Keane Inc PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

No Loans

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

☐

☐

☐

☐

☐

☐

☐

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <div style="text-align: center;">Keane Inc PAC</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C 0 0 3 8 7 5 3 0</div>	
LENDING INSTITUTION (LENDER) Full Name <div style="text-align: center;">N/A</div>		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>		Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
Title			

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Keane Inc PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

No debts or obligations

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Keane Inc PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C 0 0 3 8 7 5 3 0</div>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee No Independent Expenditures	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>
Mailing Address	
City State Zip Code	
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	

Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		

Full Name (Last, First, Middle Initial) of Payee	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>
Mailing Address	
City State Zip Code	
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	

Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

MM / DD / YYYY

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) N/A		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee	
		Mailing Address	
		City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="checkbox"/> Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="checkbox"/> Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="checkbox"/> Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)	
SUBTOTAL of Expenditures This Page (optional) ▶			
TOTAL This Period (last page this line number only) ▶			

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
-----------------------------------------	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
------------------------------------------------	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
----------------------------------------------------	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--------------------------------------------	------------

<input type="checkbox"/> Postmark Illegible	
---------------------------------------------	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date 7/14/06
	Next Business Day Delivery <input checked="" type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
----------------------------------------------------------------------------	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---------------------------------------------------------------------	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
-----------------------------------------------------------------	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
-------------------------------------------	-------------------------------

PREPARER

DATE PREPARED

(3/2005)

200309161303